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PTO/SB/83 (04-08)

Document Description: Petition to withdraw attorney or agent (SB83)

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/727,533-Conf. #7332
	Filing Date	December 5, 2003
	First Named Inventor	John Bruce SMITH
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	3411-0103P

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;
 the practitioners (with registration numbers) of record listed on the attached paper(s); or
 the practitioners of record associated with Customer Number: _____

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

10.40(b)(1) 10.40(b)(2) 10.40(b)(3) 10.40(b)(4)
 10.40(c)(1)(i) 10.40(c)(1)(ii) 10.40(c)(1)(iii) 10.40(c)(1)(iv)
 10.40(c)(1)(v) 10.40(c)(1)(vi) 10.40(c)(2) 10.40(c)(3)
 10.40(c)(4) 10.40(c)(5) 10.40(c)(6) Please explain below:

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

1. I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
2. I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
3. I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

Unable to locate client and/or client not responding to communications.

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF CORRESPONDENCE ADDRESS**

Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. The address of the inventor or assignee associated with Customer Number: _____

OR

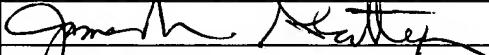
B. Inventor or
Assignee Name: John Bruce SMITH

Address: 6712 Jefferson Avenue

City	Falls Church	State	VA	Zip	22042	Country	United States
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Telephone	Email
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I am authorized to sign on behalf of myself and all withdrawing practitioners.

Signature: 

Name	James M. Slattery	Registration No.	28,380
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Address	Birch, Stewart, Kolasch & Birch, LLP 8110 Gatehouse Road Suite 100 East
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City	Falls Church	State	VA	Zip	22040-0747	Country	US
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Telephone	(703) 205-8000	Email
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Date	OCT 14 2008	Telephone No.	(703) 205-8015
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NOTE: Withdrawal is effective when approved rather than when received.